



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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|---|---|------------------------|------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) |   | Application Number     | 10/775,554       |
|   |   | Filing Date            | February 9, 2004 |
|   |   | First Named Inventor   | Meng YANG        |
|   |   | Art Unit               | 1633             |
|   |   | Examiner Name          | A. M. Wehbe      |
| Total Number of Pages in This Submission  | 7 | Attorney Docket Number | 312762004400     |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate)<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (3 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (1 page)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
| <div>Remarks</div> <b>Customer No. 25225</b>   |  |  |

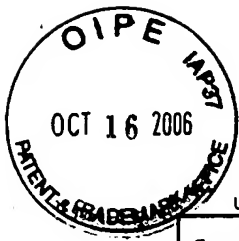
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                         |          |        |
|--|-------------------------|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP |          |        |
| Signature                                  |                         |          |        |
| Printed name                               | Kate H. Murashige       |          |        |
| Date                                       | October 10, 2006        | Reg. No. | 29,959 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 10, 2006

Signature:

(Judy Bridgwater)



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PTO/SB/17 (01-06)  
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|   |  |                          |                  |
|---|--|--------------------------|------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>  |  | <b>Complete if Known</b> |                  |
|   |  | Application Number       | 10/775,554       |
|   |  | Filing Date              | February 9, 2004 |
|   |  | First Named Inventor     | Meng YANG        |
|   |  | Examiner Name            | A. M. Wehbe      |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Art Unit                 | 1633             |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | <b>60.00</b>     |
|   |  | Attorney Docket No.      | 312762004400     |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee               |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                                     |

|   |                     |   |                    |                      |                                  |                      |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)   |                     |   |                    |                      |                                  |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                      |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                      |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b>  |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                  | 200                              | 100                  |                       |
| Design  | 200                 | 100   | 100                | 50                   | 130                              | 65                   |                       |
| Plant   | 200                 | 100   | 300                | 150                  | 160                              | 80                   |                       |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                              | 300                  |                       |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                                | 0                    |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                      |                       |
|   |                     |   |                    |                      |                                  | <b>Small Entity</b>  |                       |
|   |                     |   |                    |                      |                                  | <b>Fee (\$)</b>      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 50                   | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 200                  | 100                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 360                  | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                      |                       |
| - 20 =  |                     | x   | =                  |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      |                                  |                      |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                      |                       |
| - 3 =   |                     | x   | =                  |                      |                                  |                      |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                                  |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                      |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |                       |
| - 100 =   | /50                 | (round up to a whole number) x                          |                    |                      | =                                |                      |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                      | <b>Fees Paid (\$)</b> |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  |                      |                       |
| Other (e.g., late filing surcharge): <u>2251 Extension for response within first month</u>  |                     |   |                    |                      |                                  |                      | <u>60.00</u>          |

|                     |                          |                                   |                  |
|---------------------|--------------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                          |                                   |                  |
| Signature           | <u>Kate H. Murashige</u> | Registration No. (Attorney/Agent) | 29,959           |
| Name (Print/Type)   | Kate H. Murashige        | Telephone                         | (858) 720-5112   |
|                     |                          | Date                              | October 10, 2006 |